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B22A (Official Form 22A) (Chapter 7) (01/08)

In re Caleb A. Sitzmann	According to the calculations required by this statement:
Debtor(s)	☐ The presumption arises
Case Number: 08-26315	☐ The presumption does not arise (Check the box as directed in Parts I, III, and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules Land I, this statement must be completed by every individual chanter 7 debtor, whether or not filling

pintly. Joint debtors may complete one statement only.							
	Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS						
1A	If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).						
1B		debts are not primarily consumer debts, check the box beloete any of the remaining parts of this statement.	ow and complete the verification	on in Part VIII.	Do not		
	Ø D	Declaration of non-consumer debts. By checking this box,	I declare that my debts are n	ot primarily cor	nsumer debts.		
		Part II. CALCULATION OF MONTHLY INCOM	//IE FOR § 707(b)(7) EXCI	LUSION			
2	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11. c. Married, not filing jointly, without the declaration of separate households set out in line 2.b above. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11. d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11. All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must Column B Spouse's Income Income						
3	divide the six-month total by six, and enter the result on the appropriate line. Gross wages, salary, tips, bonuses, overtime, commissions.			\$	\$		
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. a. Gross Receipts \$						
	C.	Business income	Subtract Line b from Line a	\$	\$		
	in the	and other real property income. Subtract Line b from Line appropriate column(s) of Line 5. Do not enter a number led any part of the operating expenses entered on Line be	ss than zero. Do not				

5	a.	Gross Receipts		\$	¬ [T 1
	b.	Ordinary and necessary operating expenses		\$	 	
	C.	Rent and other real property income		Subtract Line b from Line a	- \$	\$
6	Intere	est, dividends, and royalties.			\$	\$
7	Pens	ion and retirement income.			\$	\$
8	expen that p	mounts paid by another person or enti ses of the debtor or the debtor's depe urpose. Do not include alimony or separa ir spouse if Column B is completed.	ndents, including	child support paid for	\$	\$
Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:						
		nployment compensation claimed to benefit under the Social Security Act	Debtor \$	Spouse \$	\$	\$
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.					
a. State of the st						\$
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 thru 10 in Column B. Enter the total(s).					\$
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.					
		Part III. APPLIC	ATION OF § 707	(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.					\$
14	Applicable median family income. Enter the median family income for the applicable state and house information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				usehold size. (This	
	a. Ente	r debtor's state of residence:	b. Ente	er debtor's household size:		- \$
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.					•
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					umption does not
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					t.
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Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	Enter the amount from Line 12.					\$
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
	a.			\$		
	Total and enter on Line 17.					\$
18	Current monthly income for § 70	7(b)(2). Subtract Line	e 17 fro	om Line 16 and enter the result.		\$
	Part V. CA	LCULATION O	F DE	DUCTIONS FROM INCO	ИE	
	Subpart A: Deduct	ions under Stand	lards	of the Internal Revenue Se	rvice (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					\$
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.					
	Household members under 65	years of age	Hou	sehold members 65 years of	age or older	
	a1. Allowance per member		a2.	Allowance per member		
	b1. Number of members		b2.	Number of members		
	c1. Subtotal		c2.	Subtotal		\$
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).					\$
20B	total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense \$ b. Average Monthly Payment for any debts secured by home, if \$					
	any, as stated in Line 42. C. Net mortgage/rental expense			Subtract Line b from Line a		\$

21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis			
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. 0 1 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42. c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a			
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a	\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment			
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.			
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$		

28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.			
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for			
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend o childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	n \$		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expended on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$		
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service— such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$		
	Subpart B: Additional Living Expense Deductions			
	Note: Do not include any expenses that you have listed in Lines 19-32			
34	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance b. Disability Insurance c. Health Savings Account \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
	Total and enter on Line 24	\$		
	Total and enter on Line 34 If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$			
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.			
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS			
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or			

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).					\$
41	Total	Additional Expense	e Deductions under § 707(b)). Enter the total of Li	nes 34 through 40.	\$
			Subpart C: Deduc	tions for Debt Payn	nent	
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					
		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$	Total: Add Lines a, b and c	\$
43	page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount					\$
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.					\$
45		ing chart, multiply th se. Projected average m Current multiplier for by the Executive Offic available at www.usd court.)	re expenses. If you are eligible amount in line a by the amounthly Chapter 13 plan payment, your district as determined underce for United States Trustees. (Idoj.gov/ust/ or from the clerk of the ministrative expense of Chapter 1	ount in line b, and ent er schedules issued This information is the bankruptcy x	ter the resulting administrative	\$
46	Total	Deductions for Del	bt Payment. Enter the total of Li	•		\$
			Subpart D: Total D	eductions from Inc	ome	
47	Total	of all deductions a	llowed under § 707(b)(2). E	nter the total of Lines	33, 41, and 46.	\$

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	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))						
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))						
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 a	and enter the result	\$				
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.						
	Initial presumption determination. Check the applicable box and proceed as direct	cted.					
	☐ The amount on Line 51 is less than \$6,575 Check the box for "The presum statement, and complete the verification in Part VIII. Do not complete the remainder of	nption does not arise" at the top of page f Part VI.	1 of this				
52	☐ The amount set forth on Line 51 is more than \$10,950. Check the box to statement, and complete the verification in Part VIII. You may also complete Part VII.						
	☐ The amount on Line 51 is at least \$6,575, but not more than \$10,95 55).	0. Complete the remainder of Part VI (L	ines 53 through				
53	Enter the amount of your total non-priority unsecured debt		\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.	25 and enter the result.	\$				
Secondary presumption determination. Check the applicable box and proceed as directed.							
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.						
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part VII. ADDITIONAL EXPENSE CLAIMS						
50	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
56	Expense Description	Monthly Amount					
	Total: Add Lines a, b, and c	\$					
	Part VIII: VERIFICATION						
57	I declare under penalty of perjury that the information provided in this statem both debtors must sign.) Date: 9/23/2008 Signature: s/ Caleb A. Signature: Caleb A. Signature:		oint case,				